



## SCOPE OF WORK

State Form 51955 (10-04)  
328 IAC 1-3-3(a)(1)  
Indiana Department of Environmental Management  
Excess Liability Trust Fund

Indiana Department of Environmental Management  
Office of Land Quality  
Excess Liability Trust Fund  
Telephone: (317) 232-7162  
Fax number: (317) 233-5734  
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- INSTRUCTIONS:**
1. This form must be included for all proposed corrective actions submitted after September 29, 2004 [328 IAC 1-3-3(a)(1)] and should be included with technical documents related to the below referenced phases.
  2. Detail each proposed activity on a separate line and provide a detailed description of each in the appropriate field.
  3. Table 1 is to provide a detailed breakdown of proposed work activities utilizing the Activity Code Classification Key below. Table 2 and Table 3 are to provide detailed technical specifications for proposed wells and borings along with detailed specifications of proposed pilot studies and/or remedial systems.

**NOTE:** This form does not constitute pre-approval of corrective action related costs, as provided for in 328 IAC 1-3-1.6.

SUBMIT COMPLETED FORM TO:	Indiana Department of Environmental Management Attention: ELTF Section 100 North Senate Avenue P.O. Box 6015 Indianapolis, IN 46206-6015	Facility ID Number:	
		Incident Number:	
RP Name:		Site Name:	
RP			
Address:		Site Address:	
		Consultant:	
RP Phone: ( )		Consultant Phone: ( )	
		Contact Name:	

[RP = Responsible Party]

### Phase Categorization

Check only one Phase below:

Site Characterization / FSI	<input type="checkbox"/>	Pre-CAP Approval Monitoring	<input type="checkbox"/>	CAP Implementation	<input type="checkbox"/>
FSI / CAP Development	<input type="checkbox"/>	CAP Addendum	<input type="checkbox"/>	Site Closure	<input type="checkbox"/>

### Activity Code Classification Key

Please use the codes listed below when filling in the form:

A. Office Activities / Report Generation		C. Site Activities			
Labor	A010	Labor	C010	Supplies	C080
Supplies & Materials	A020	Equipment Rental	C020	Other	C090
B. Analytical		Subcontractor	-	Site Investigation Specifications (see TABLE 2)	
Ground Water	B010	Labor	C031	Remediation Technical Specifications (see TABLE 3)	
Subsurface Soil	B020	Materials	C032		
Surface Water	B030	Other	C033		
Surface Soil	B040	Disposal	C040		
Air	B050	Permits	C050		
Other	B060	Site Prep / Demolition	C060		
		Site Restoration	C070		



**TABLE 1 – continued –**  
**Proposed Scope of Work Details**

Proposed Units	Unit Type	Code	Activity and Detailed Description	IDEM Adjusted Units

**TABLE 2**  
**Proposed Well and Soil Boring Specifications**

Type Boring / Well [monitoring or extraction]	Number Proposed	Depth Range (feet)	Total Footage (feet)	Details	IDEM Adjusted Units

**TABLE 3**  
**Proposed Remediation Technical Specifications**

**I. Proposed Pilot Study Specifications**

Type: ☐ MNA ☐ ORCs ☐ Pump & Treat ☐ SVE / AS ☐ VER ☐ EFR ☐ DPE/ MPE  
 [see below] ☐ Other: \_\_\_\_\_

Equipment: ☐ Direct Push Equipment ☐ Vacuum Truck ☐ Vacuum Pump / Blower ☐ Liquid Ring Pump  
☐ Submersible Pump ☐ Air Compressor ☐ Other: \_\_\_\_\_  
☐ Other: ☐ Other: ☐ Other:

**II. Proposed Remedial System Specifications [check / fill out all that apply]**

<input type="checkbox"/> <b>Monitored Natural Attenuation (MNA)</b> Sampling for MNA Parameters: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Monitoring Wells: _____	<input type="checkbox"/> <b>Vacuum Enhanced Recovery (VER)</b> Number of SVE/Recovery Wells: _____ Number of Submersible Pumps: _____ Number of Blowers/Vacuum Pumps: _____ Number of Air Strippers: _____ Number of Carbon Vessels (GAC): _____ Number of Transfer Pumps: _____ Capacity of Knockout Tank (gallons): _____ Number of Bag/Sediment Filters: _____
<input type="checkbox"/> <b>Oxygen Releasing Compounds (ORCs)</b> Number of Injection Points: _____ Total Pounds of ORCs: _____ Number of Injection Events: _____	<input type="checkbox"/> <b>Enhanced Fluid Recovery (EFR)</b> LPH Present in Extraction Wells? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Extraction Points: _____ Number of Approved Events: _____
<input type="checkbox"/> <b>Pump and Treat</b> Number of Recovery Wells: _____ Number of Submersible Pumps: _____ Number of Air Strippers: _____ Number of Carbon Vessels (GAC): _____ Number of Transfer Pumps: _____ Capacity of Knockout Tank (gallons): _____ Number of Bag/Sediment Filters: _____	<input type="checkbox"/> <b>Dual or Multi Phase Recovery (DPE / MPE)</b> Number of Extraction Points: _____ Number of Liquid Ring Pumps (LRPs): _____ Number of Air Strippers: _____ Number of Carbon Vessels (GAC): _____ Number of Transfer Pumps: _____ Capacity of Knockout Tank (gallons): _____ Number of Bag/Sediment Filters: _____
<input type="checkbox"/> <b>Soil Vapor Extraction / Air Sparge (SVE / AS)</b> Number of SVE Points: _____ Number of AS Points: _____ Number of Blowers/Vacuum Pumps: _____ Number of Air Compressors: _____ Capacity of Knockout Tack (gallons): _____ Radius of Influence (ROI) in Feet: _____	<input type="checkbox"/> <b>Excavation / Trenching</b> Number of Cubic Yards: _____ Number of Tons (yds <sup>3</sup> * 1.36): _____ Depth of Excavation: _____ feet Linear Footage of Trenching: _____ feet
<input type="checkbox"/> <b>Other:</b> _____	